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ABSTRACT

This study sought to identify where family caregivers acquired their knowledge of children and child care and to determine which knowledge sources and influences may contribute most to specialized early childhood knowledge; such information may improve the effectiveness and efficiency of training programs for caregivers. In collaboration with the Iowa Resource and Referral System, a survey of home day care providers was conducted, asking them to identify and evaluate the sources of their knowledge about children. Data were analyzed for geographical and subgroup patterns that could be matched to particular training types, elements of training, and sources of knowledge. Although analysis of data revealed no significant differences for any caregiver subgroup, some preferences were found that may be useful for training organizers. For all groups, the most useful source of knowledge reported was parenting. The source of specific early childhood knowledge most cited was formal education courses. Results were insignificant pertaining to the most useful type of training reported, although some groups had preferences, which may be useful to trainers. For all groups of caregivers, announced topic of training was the most important factor in deciding to attend training. Recommendations include: (1) targeting caregivers as parents, rather than as caregivers; (2) collaborating with parent education agencies, the Child Care Food Program, and other organizations; (3) improving accessibility of information to caregivers; and (4) targeting training as determined by careful needs assessments. (References and the survey instrument are included.) (TM)

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THE KNOWLEDGE SOURCES OF IOWA FAMILY CHILD CARE PROVIDERS

by

Lisa Dianne Banks Starnes

Dissertation

Submitted to the Faculty of

Peabody College of Vanderbilt University

in Partial Fulfillment of the Requirements

for the Degree of

DOCTOR OF EDUCATION

in

Early Childhood Education

May 1994

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TABLE OF CONTENTS

Chapter		Page
I.	INTRODUCTION	1
	Statement of the Problem	2
	Rationale	3
	Purpose	4
	Limitations	4
	Definitions	6
II.	REVIEW OF RELATED LITERATURE	8
	A Specialized Body of Knowledge	10
	What is the Specialized Core of Knowledge?	12
	Acquisition of Specialized Knowledge	14
	Establishing the Need for Training Caregivers	20
	Developing a Training System	25
	Summary	30
III.	METHODOLOGY	32
	Sample	32
	Instrument	35
	Procedure	37
IV.	RESULTS	39
	Characteristics of the Caregivers	39
	Caregiver Sources of Knowledge	41
	Sources of Essential Early Childhood Knowledge	42
	Characteristics of the Knowledge Sources	45
	Summary of Findings	49
V.	DISCUSSION, RECOMMENDATIONS, AND CONCLUSIONS	50
	Discussion	50
	Recommendations	58
	Conclusions	66
REFERENCES		68
APPENDIX		74

LIST OF TABLES

Table		Page
1.	Sample Size and Return Rate by Service Delivery Area	34
2.	Characteristics of the Caregivers: Registration Status, Educational Level, Years of Experience, Size of Community, and Ages of Children in the Care of Caregivers (N = 163)	40
3.	Ten Knowledge Sources Chosen Most Frequently by Caregivers (N = 163)	41
4.	Most Useful Sources of Caregiver Knowledge	43
5.	Categories That Contribute to the Essential Elements of Early Childhood Knowledge	45
6.	Types of Training Experienced by Caregivers (N = 159)	46
7.	Most Useful Training Sources (N = 149)	47
8.	Frequency of Factors Selected as Most Important in Caregiver Decision to Attend Training (N = 162)	48
9.	Frequency of Factors About Training Selected as Causing the Most Anxiety for Caregivers (N = 156)	48
10.	Preferences for Training of Subgroups of Home Child Care Providers	56

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SURVEY OF KNOWLEDGE SOURCES OF IOWA
FAMILY CHILD CARE PROVIDERS

by
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May 1994

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As more children spend time with caregivers outside their homes, quality child care continues to be important to the nation. Current collaborative efforts are focused on effective ways to provide for the needs of children and families. Higher levels of caregiver training appear consistently as a characteristic of quality programs, yet there is an assumption that "anyone" can work with young children. Identification of local caregiver training needs is a priority in developing a unified system to facilitate professional development of entry- and advanced-level caregivers. There is a need to discover more about the effectiveness of training programs and other sources of influence on caregiver performance. Some knowledge sources may contribute more to specialized early childhood knowledge than others. Identifying the characteristics of knowledge sources that contribute to specialized knowledge for caregivers may allow training resources to be used more efficiently.

Through collaboration with the Iowa Resource and Referral System a survey was administered by selecting a stratified random sample from the database of home day care providers. Data were analyzed for geographical and subgroup patterns that can be matched to particular training types.

Although significant differences did not occur, some patterns of preferred knowledge sources were present in the data. These are presented for their use in training. The most useful source of knowledge was parenting. The source that contributes to specialized child care knowledge was experience for most types of knowledge. Characteristics of useful training methods defined preferences for subgroups, which are explained in a chart for training organizers. All groups of caregivers consider topic of training the most important factor in their decision to attend training. The chart can be used to target specific groups of caregivers for training that will best meet their needs.

Recommendations include collaboration with parent education agencies, the Child Care Food Program, and other organizations. Targeted training using local resources and media to meet caregiver needs as documented in careful needs assessments will facilitate efficient use of resources. Other recommendations include a database of training resources and sessions, improving accessibility of information to caregivers, and implications for future research.

Jerold P. Bauch, Major Professor Date

CHAPTER I

INTRODUCTION

All children and parents deserve the opportunity to benefit from quality child care. Business, education, and government agree that the advantages of quality child care extend beyond the parent-child unit. As more children spend time with caregivers outside of their homes, quality child care will continue to be important to the nation. Current collaborative efforts are focused on the most effective way to provide for the needs of the nation's children and their families. Several models have been initiated in various parts of the country, but each community must be "creative" (Committee for Economic Development, 1993) about how it uses resources to improve the quality of care.

Some indicators of quality care have been identified and justified with consistent results from research. One indicator, higher levels of caregiver training, appears consistently in quality programs, yet an assumption that "anyone" can work with young children exists (Bredekamp & Willer, 1993). This myth (Bradbard & Endsley, 1991) is a catalyst behind the endeavor to enrich training opportunities for caregivers as one component of improving the quality of care. The goal is to enhance professional development

through a training system that addresses the needs of caregivers in the varied early childhood settings that exist (National Association for the Education of Young Children [NAEYC], 1994).

In the past, a "hodge-podge" (Hamburg, 1991) of training opportunities existed with no plan for coherent or cumulative related learning experiences. The professional development movement seeks to offer a unified system of training nationwide for all levels and types of caregivers that incorporates local circumstances. Such a system would allow caregivers to begin professional development at their entry point and then facilitate upward movement through levels of training. A system of this type could increase opportunities for caregivers to receive training.

Statement of the Problem

Meeting local needs must be a priority when structuring a training system (Committee for Economic Development, 1993). A considerable amount of the literature contemplates the need to discover more about the effectiveness of training programs and other sources of influence on caregiver performance (Copple, 1991; Costley, 1991). Resources are scarce and must be used efficiently to fulfill the needs of local caregivers.

The problem was to determine where family caregivers acquire their knowledge of children and child care. Some knowledge sources may contribute more to specialized early

childhood knowledge than others. Identifying the characteristics of knowledge sources that contribute to specialized knowledge for caregivers facilitates efficient use of training resources.

Rationale

Much of the research in early childhood has focused on ratio, group size, child/caregiver interactions and other issues of quality. Nationwide studies conducted on child care issues have included training and educational levels, but these studies have been broad (Whitebook, Howes, & Phillips, 1989). These studies were not intended to divulge information about local strengths, resources, or needs (Willer, 1992).

Data collected on a local level provide more specific information that can be used to meet the needs of the community for entry- and advanced-level child care training (NAEYC, 1994). As adults, caregivers have extensive backgrounds of knowledge and experience, and these need to be considered in the training. By asking caregivers about the sources of their knowledge, the knowledge sources can be identified that caregivers credit as influential. Availability of explicit information about the knowledge sources of a community of caregivers means that local training can be more closely matched with caregiver preferences. Both time and funds can be used more efficiently to deliver training.

Purpose

This project was designed to identify sources of knowledge about children and child care among family child care providers. Subjects were also asked their opinions on the value of these sources to their work with children. An associated purpose was to merge the characteristics of the valued sources into a framework for training. Caregivers are more likely to approach and complete training if they value the knowledge gained from the training as they seek solutions to their questions about child care. Four questions guided the study:

1. What are the characteristics of family day care providers?
2. What are the knowledge sources of caregivers?
3. What knowledge sources contribute to the essential elements of early childhood knowledge?
4. What characteristics of knowledge sources could facilitate future learning?

Limitations

Because only subjects who have their names listed in the resource and referral database were used, the results are not generalizable to all home caregivers. There is a third group of caregivers in Iowa who choose not to have their names listed for referral and so were not available for selection in a random sample. These unlisted caregivers are the elusive group that have not been completely

represented in any family day care research project. There are ways to reach some of these caregivers, which result in loss of the random sample with no way to determine the return rate of the surveys, thus weakening the design of the study. This study was limited to providers in registered and nonregistered family homes and registered family group homes. The value of the generalizable results extends only to these populations.

Because many family caregivers are reluctant to participate in any activity that could result in regulation, it was imperative to preserve their anonymity. Only one follow-up was done for all caregivers and the follow-up was explained in advance. If continued follow-ups were done, the project could jeopardize the caregiver's attitude toward both the resource and referral service and future research efforts. It was my position that both of these are more valuable than the slight increase in the return rate that was likely after repeated follow-ups.

Although a higher return rate was preferred, the return rate is similar to previous studies (DeBord, 1993), and indicates the professionalism of the subjects who responded. Caregivers who returned the survey were willing to take the time required to complete the survey either because the study was nonthreatening and/or because they were responding as professionals. This group is more likely to be registered, better educated, and more successful in their past academic pursuits than those who do not respond.

Definitions

Caregiver--Person who provides care and sometimes education for young children. Some of these may be referred to as teachers.

Child care knowledge--Specialized knowledge that refers to children, their care and education, and related issues.

Education--Formal education from high school through graduate school; includes vocational-technical and similar programs.

Environmental source--Origin of knowledge that results from people or items in one's everyday surroundings.

Experience source--Source of knowledge or skill that results from a particular, regular occurrence that takes place over time.

Family day care provider--A person who cares for a child in the provider's home on a regular basis while the parent(s) is(are) at school or work. The provider usually cares for six or fewer children including his or her own (Kontos, 1992). This does not include occasional babysitting.

Formal training--Specialized education and/or training for work in early care and education. Includes high school/ GED, vocational-technical, college, and advanced degree work and specific training programs like the Child Development Associate program.

Informal training--Occasional training or opportunity for providers to expand their knowledge that is not part of a formal program.

Knowledge source--Origin of a skill or concept. Knowledge sources include people, classes, presentations, printed material, and media, and may be an occasional or regular experience for the learner.

Resource and referral--Agency that provides referrals of caregivers to parents. Most also provide training and resources for parents and caregivers.

Service delivery area--Iowa's Resource and Referral System geographical divisions of the state.

CHAPTER II

REVIEW OF RELATED LITERATURE

Increasing the "professionalism" of the early child care field is an issue that has received considerable attention in the past few years (Bredekamp & Willer, 1992; Copple, 1991; Costley, 1991; Spodek & Saracho, 1990). This attention is mainly the result of two demands upon the profession. The first is for increasing the quantity of child care "slots" due to the spiraling numbers of young children who need care for a variety of reasons (Children's Defense Fund, 1992). Although some studies have shown there is an adequate supply of child care spaces (Hofferth & Phillips, 1987), regional and local shortages do occur, especially for particular types of child care.

The second demand for the profession is to increase the quality of child care environments. Research-based indicators of quality are well documented (Whitebook et al., 1989). Results of the connection between these indicators and children's development are mixed (Kontos, 1992), but there is sufficient evidence that quality in child care does positively affect the children. Quality will continue to be an issue in existing environments, and should be a priority in new child care settings.

This dual demand for increased quality and quantity means that trained caregivers must be available to work in early childhood, because training of the caregiver is one indicator of quality (Clarke-Stewart, 1987). A qualified work force is required, without which the demands for quality cannot be fulfilled. To meet this obligation, the field must address two issues, training and salaries (NAEYC, 1994; Whitebook, Howes, & Phillips, 1990). These issues interact so closely that each must be addressed before the level of either can become satisfactory.

This project was limited to the first issue, caregiver training. Much of the research about training has been conducted in centers. Research conducted with family day care providers has been less frequent and less well designed (Kontos, 1992). The estimated number of children in family day care is over 5 million (Kontos, 1992), making it a critical issue in the child care field. Because less is known about training of family day care providers, this study was further limited to caregivers who provide care in their homes.

This literature review first establishes why a specialized knowledge base is needed, what should be included in the knowledge base, and what is known about where child care workers acquire this knowledge. Second, the chapter describes why training is necessary to convey the appropriate specialized knowledge of early childhood for the various roles in child care. The third section describes the status

of the current training system both broadly for the nation and specifically for the target population. Other relevant topics are considered where appropriate.

A Specialized Body of Knowledge

Two reasons for establishing a specialized knowledge base for early childhood professionals are identifiable in the literature. The first reason is to improve the status of the early childhood field by becoming more "professional." This is accomplished by enhancing those areas in which early childhood lacks the characteristics of a profession. The second is to ensure that all early childhood professionals are accountable for the knowledge required for providing a quality experience for the children in their care.

Professionalism

One of the challenges to the early childhood profession has been to establish itself as a profession. In the early 1980s, Spodek and Saracho (1982) took the position that teaching is a semiprofession because the role lacks several characteristics of a profession. Early childhood in particular is viewed as less of a profession than teaching in general because society ranks it lower in occupational status and less preparation is required for admission to the field (Spodek & Saracho, 1982). Although several other characteristics that are required to achieve the status of profession are not present, only two--a specialized body of

knowledge and performance standards--relate to the current study. To add to the argument, there are two dimensions of early childhood programs: education and care. If education is separated from the care aspect of early childhood, then perhaps those with training to be educators are professionals and those who are caregivers are not.

After a decade of scholarly discussion, the National Association for the Education of Young Children (NAEYC) has taken the position that all early childhood workers are professionals and a "new paradigm" should be developed to present a new image as a profession (Bredekamp & Willer, 1993, p. 84). A new image will serve two functions: (a) to attract more qualified workers and (b) to obtain adequate funding to recruit and retain the qualified work force. It will be necessary, among other tasks, to identify a specialized core of knowledge and establish performance standards (NAEYC, 1994) before early childhood can achieve status as a profession.

Accountability

Historically, especially during the era of Froebelian kindergartens, a teacher's knowledge was established by the institution or mentor who conducted the training of the novice. More recently, a "working level of knowledge in child development and learning" (Spodek, Saracho, & Peters, 1988, p. 190) has been acceptable for many early childhood workers. Due to high turnover rates, the need to find

caregivers often took precedence over the hiring of more knowledgeable personnel.

As the profession progressed, a movement toward accountability of children's programs and training programs established a need for identifying a knowledge base for early childhood workers. In the past, programs that were funded privately were not held accountable for results, so a knowledge base was not required. As public programs emerged, accountability became an issue and a knowledge base essential for assessing competence (Spodek & Saracho, 1982).

The need for a knowledge base in a profession lies in the ability of the individual to use informed judgment "to diagnose and analyze events, weigh alternatives, select the most appropriate intervention, apply it skillfully, and explain why it was selected" (Vander Ven, 1988, p. 138). Accountability in early childhood programs means the caregiver must have the knowledge necessary for informed decision making of this type.

What is the Specialized Core of Knowledge?

A knowledge base is needed for entry-level workers who have no training, and the literature reveals a continuing discussion about what should be part of this initial training (Bredekamp & Willer, 1992). In 1990, Ott, Zeichner, and Price described the difficulties in defining a knowledge base for teaching in general and outlined what should be included in an early childhood knowledge base. They

insisted that folklore and opinion were informally acceptable in the past, but that explicit standards should be developed for early childhood. These standards should not be derived from educational theory for school-aged children, but from the foundations of early childhood (NAEYC, 1994).

Theory, research, history, and philosophy appear to be accepted as critical to the knowledge base, but Ott et al. (1990) related the efforts of many groups to cause particular knowledge to be included. Collegiality, advocacy, the teacher as researcher, and diversity are all examples of the knowledge that could be included, along with the skills necessary to work with young children.

The NAEYC (1993) has designated the common elements of the knowledge base. These elements include eight categories that overlap with the essential characteristics of early childhood education used to guide teacher certification (Association of Teacher Educators & National Association for the Education of Young Children, 1991), the Child Development Associate competencies, and the dimensions of child care assessed by the National Association for Family Day Care for accreditation (Kontos, 1992). The eight categories specific to early childhood professionals are: (a) observation and assessment; (b) a healthy, safe environment; (c) developmentally appropriate curriculum; (d) guidance; (e) child development; (f) cultural and individual diversity; (g) professionalism; and (h) family relationships (NAEYC, 1994). These have been established as essential to

all caregivers, but which aspects of each category are necessary for those in various roles or settings is still being discussed (NAEYC, 1993).

Other knowledge that is required for those who work with young children includes broad general knowledge that will enable the child care worker to help children experience science, social studies, literature, mathematics, music, art, and other aspects of everyday life. Knowledge specific to a particular role, such as grant writing for directors or business management skills for family providers, may also be necessary.

Acquisition of Specialized Knowledge

Three origins for specialized child care knowledge are discussed in the literature: education, training, and experience. Education and training are credited with offering caregivers an opportunity to gain knowledge about children and the essential elements of child care. Education, according to Cruickshank and Metcalf (1990), permits one to be informed about something, whereas training allows one to know how to do something. Morgan et al. (1993) defined training in early childhood as "specialized preparation for work in early care and education" (p. 13) as the level of secondary or postsecondary education acquired. Experience, the little-researched third source of knowledge, is difficult to isolate as a variable in training research (Divine-Hawkins, 1981). Education, training, and experience are

each explored for their contributions to caregiver knowledge.

Education

A high school diploma or equivalent is the common educational level of child care providers. Nearly half of the center caregivers in the National Child Care Staffing Study had a high school diploma or less (Whitebook et al., 1989). Studies have shown that only about 30% of family day care providers (Kontos, 1992) and 25% of center caregivers (Whitebook et al., 1989) had some postsecondary education. Unless the providers had an opportunity to study child development and related topics in high school, it is unlikely that the majority of caregivers were exposed to the essential child care knowledge categories by education.

Training

Research about the effects of caregiver training in centers has established the value of specialized training. Research on training of family caregivers has focused on a variety of aspects including if caregivers had received training, what is typical training, content of training, and motivation to attend training (Kontos, 1992).

The results of how many caregivers have participated in training are closely tied to those who belong to the Child Care Food Program, which requires regular attendance at workshops. Kontos (1988) found that as many as 72% had some type of training; Peters (1972) reported that as few as 20%

had received formal training. Many other researchers have found results that fall between these extremes, but it appears that many of the differences are due to location, possibly because of local training opportunities (Kontos, 1992).

Kontos (1992) summarized that most of the training is informal attendance at workshops rather than in formal educational settings. She suggested that the majority of formal education or training appears to be in high school courses, although her discussion only indicated one study that reports on high school courses separately. This appears to be an area in which more research is needed in order to determine if family caregivers credit education in high school or informal training as a source of their specialized knowledge.

Training does appear to have positive results on the caregiver's knowledge of children. Much of the training research has measured knowledge using a pretest/posttest design, but only a few studies have used a control group for comparison. The summary of these studies revealed that training does seem to increase the knowledge of caregivers, but in many projects the knowledge scores were still minimal (Kontos, 1992). Apparently, training can increase the specialized knowledge of caregivers, but has not resulted in an adequate caregiver knowledge base in the studies reviewed (Kontos, 1992).

Caregivers have indicated that they prefer particular types of training to others (DeBord, 1993). It has not been established if the knowledge that they use in caregiving is the result of training because observational studies that confirm caregiver behavior change are rare. It will be useful in planning training to know where the caregiver learns specialized knowledge. The next step will be to conduct research to determine the influence and extent of the sources caregivers value.

Vocational training has positive effects on entry-level performance and center directors' attitudes toward trainees (Shirah, Newitt, & McNair, 1993). Results include increased retention in the job, preferred for hiring over other applicants, and increased career motivation. Training does not appear to have been as successful in family day care as in center care. This may be due to several reasons. Inservice training is less often offered for family caregivers and preservice training is rare. Family caregiver research has not been as extensive or as well-designed as the research on center workers. Family caregiver training programs may have been less effective and the measures used to assess them may not have been appropriate. A lower percentage of family caregivers may be involved in training than their center counterparts due to lack of motivation and barriers to training.

Experience

The myth that anyone is qualified to care for children because they are parents (Bradbard & Endsley, 1991; Kontos, 1992) indicates that the experience element of caregivers' knowledge base should be explored. Many of those in family day care use parenting as a qualification for child care work (Divine-Hawkins, 1981). Katz (1988) asserted that, by calling it experience, personal knowledge, or common sense, parents qualify themselves in nonprofessional ways. Because experience is not interchangeable with competence (Morgan et al., 1994; Vander Ven, 1988), and is difficult to define, researchers have not explored the possibilities of what caregivers consider important enough to use as a job qualification.

Experience has typically been limited in research to questions about how many years a provider has served in a particular role in child care. The National Day Care Home Study (Divine-Hawkins, 1981) did ask caregivers about previous jobs they held in programs for children. Only 8% had worked in day care; even fewer had experiences in other programs. Bollin (1990) reported that a characteristic of stable providers was having had previous experience in child care settings. More investigation into the possible benefits of previous child-related jobs may explain how experience contributes to specialized knowledge.

The contributions of experience are unexplored and may help clarify why providers value their experience as parents

in their roles as caregivers. Most caregivers in the National Day Care Home Study were parents, and parents also reported a preference for caregivers who were parents (Divine-Hawkins, 1981). Understanding how experience contributes to their knowledge may offer insight to help convince caregivers they need specialized training in child care.

Another possible source of specialized knowledge may be the caregiver's support system. According to Mansfield (1986), home caregivers do perceive their family, friends, the parents, and other providers as primary sources of support. Information or knowledge may be one aspect of support. More investigation into why these relationships are supportive may reveal what caregivers consider "support" and if an information source is considered support. In another study on caregiver support systems, Jones (1991) found that providers who are part of a network have more training and are more professional. Her findings indicated that caregivers who are not part of a network perceive support from sources with which they had daily contact. Sources of daily contact indicated that caregivers may learn about children from some previously unidentified sources of knowledge. DeBord (1993) reported that caregivers value magazines and community agency materials because of their convenience, which is the attraction behind daily contact with sources of support.

Of the three possible approaches, it appears that training has the most potential to influence family caregivers with specialized knowledge. It is possible that, because many family caregivers do not see the value or need to acquire specialized knowledge, effective training recruitment programs are ineffective or underutilized by this group. It is also possible that caregivers overperceive the benefits of their experience as parents. If they are secure that they have adequate knowledge for providing care for the children of others, then to what source do they attribute this knowledge? Research on their knowledge sources may establish a way for training to become more effective for family caregivers.

Establishing the Need for Training Caregivers

Training for caregiving is needed for many reasons beyond increasing the quantity and quality of child care. Several characteristics of the early childhood profession support an improved training system to impart the specialized knowledge to caregivers. These characteristics are: (a) teacher supply, (b) program autonomy, (c) client diversity, (d) social settings, (e) isolation, (f) competence, (g) benefits to the participants, and (h) benefits to the economy.

Supply of Trained Caregivers

There is a shortage of caregivers for young children. Although several routes to certification and training exist for caregivers (Powell & Dunn, 1990), some researchers have estimated that only a fraction of the caregivers needed are currently enrolled in formal training programs (Costley, 1991). Directors still report difficulty finding teachers and caregivers with adequate levels of training for working with young children in centers, especially at entry level (Bredekamp, 1990; Shirah et al., 1993).

The existing supply of family day care providers may be adequate, but there are considerable numbers of family caregivers with no training. Fourteen states do not require any training for family day care providers (Morgan et al., 1993). Estimates of caregivers with no training have ranged from less than 33% (Pence & Goelman, 1987) to 65% (Eheart & Leavitt, 1986). If a minimum level of training were required by all states, a shortage of in-home caregivers is a reasonable expectation. This evidence indicates that more training opportunities need to be made available, or that increased participation in existing programs should be encouraged to provide a work force with an adequate knowledge base for effective decision making.

Program Autonomy

Early childhood programs enjoy a high level of program autonomy. The philosophy, theory, and curriculum of early

childhood programs are frequently left to the discretion of the individual caregiver to determine what is appropriate for the children (Peters, 1988). If programs are to be developmentally appropriate (Bredekamp, 1987), then training in child development, curriculum, and related topics is necessary for caregivers working in all settings.

Diversity

The diverse needs of children in early childhood settings and their families continue to grow. Caregivers need skills for coping with and improving individual situations. Peters (1988) identified decision-making skills as critical to providing for the needs of children. Decision-making skills and the background knowledge necessary for skilled decision making can be provided through training.

Additionally, the importance of offering training to caregivers from diverse backgrounds is necessary so that all children have role models from their own culture. Therefore, training must be offered that will attract participants from a variety of backgrounds and cultures (Bowman, 1990).

Complex Social Settings

Because of the ages of the children, caregivers have more interaction with parents and other professionals. Family day care providers express frustration in working with parents (Eheart & Leavitt, 1986). Nelson's (1990) study indicated that family day care is not perceived as

part of a family support system. Kontos (1992) suggested both training for caregivers and further research on the parent-caregiver relationship. Caregivers need to develop skill in working with adults and receive training in supervision of adults who work with children (Peters, 1990).

Isolation

Teachers often are isolated within their classrooms, although teachers are more likely to work in a team situation in early childhood than other age groupings. In-home caregivers rarely have opportunities for interaction with those in similar positions. Caregivers must be stimulated to seek opportunities for professional growth (Peters, 1988). The work of Powell and Stremmel (1989) indicated that more training results in more "professional" activity of caregivers. Both center and home caregivers benefit from training that stimulates continuation of professional activities.

Competence

Experience is not a substitute for education or training, and does not imply competence (Vander Ven, 1988). All caregivers should have minimal skills to provide safe, appropriate settings for children. Training is essential to move direct-practice caregivers toward an accepted entry-level knowledge and skill base (Bredekamp & Willer, 1992; Powell & Dunn, 1990). Continued training is necessary to

move more experienced caregivers to higher levels of expertise to improve quality in their setting.

Benefits to the Participants

When caregivers participate in training, two generations are reached: the child and the provider (Morgan, 1991). Benefits to the child are related to issues of quality and are documented in the research that relates to quality. Although not consistently occurring, there is evidence that training may offer benefits to the caregiver and the caregiver's family. Mixed reports that caregivers experience increased job satisfaction appear in the research. Family caregivers' job satisfaction was negatively related to training in a study by Bollin (1990), but Child Development Associate (CDA) trainees reported increased job satisfaction and self-esteem for both home and center providers (Saltz & Boesen, 1985). Peters and Sutton (1984) found that the caregiver's family benefits from improved family relations. Training apparently has the potential to affect more than just the caregiver-child unit.

Benefits to the Economy

Longitudinal studies have provided evidence that early childhood programs are cost efficient (Barnett, 1992; Lazar & Darlington, 1982; Weikart, 1989). Other evidence has indicated that the impact of quality child care programs also involves increased parent productivity (Committee for Economic Development, 1993). To increase access to quality

programs for every child, caregiver training is essential so that an adequate work force is available for staffing.

Additional Benefits

Although improving quality is the primary goal of caregiver training, other benefits cannot be ignored. There are additional advantages that may occur as a result of improved caregiver training. Some of these advantages affect quality of the child care environment, others affect the caregiver, or both. Other possible benefits of training include an increased level of commitment to caregiving and respect for education, higher goals for future education and fulfillment of those plans, improved pay and/or promotions, a minimum standard for entry to the profession, and positive changes in job performance.

Developing a Training System

Three types of knowledge were identified by Copple (1991) as needed for use in planning a training system for an adequate, trained work force. The first is knowledge about the content of training and preparation. Knowledge about the training history of the work force and knowledge about effective training are also essential to producing a career development system. This section discusses what is known at the national and state level about caregiver training. The information is organized by Copple's three types of knowledge.

Knowledge About Training and Preparation

The required content knowledge for early childhood professionals has been established by the NAEYC (Bredekamp & Willer, 1992). The NAEYC has established eight categories of knowledge necessary for caregivers. The categories may require supplemental knowledge specific to particular roles, but the basic core knowledge has been defined.

Copple (1991) asserted that enough is known about the content of training to proceed with other phases of planning a professional development system. She suggested that now more research is needed about how to adapt existing training programs to meet the needs of particular groups. Those who plan training can use the categories to investigate specific local needs and preferences rather than repeatedly offering a broad content spectrum of training opportunities. When local training histories are developed and utilized, resources can be used efficiently by providing training that addresses the needs of local providers.

Work Force Training History

Because the general content of training for early childhood professionals is well established, the next step is to identify the specific needs of particular groups on local levels. Providing appropriate training means acquiring knowledge about the work history and knowledge of those who work in child care settings.

A rough estimate of training history was provided by the National Child Care Staffing Study (Whitebook et al., 1990), but this study was broad and not intended to gather local information. The study looked at the training of caregivers in centers, not in family day care homes. The National Child Care Staffing Study did not investigate the settings (Willer, 1992), nor did it gather detailed information about local caregiver training backgrounds. More information about provider training, especially in-home providers, is necessary before informed decisions can be made (Copple, 1991).

Costley's (1991) plan involved developing a profile of the local caregiver training backgrounds and training needs. This information gathering should be a prerequisite to planning new systems and in coordinating existing systems; otherwise, there is danger of wasting funds that are scarce (Bredekamp, 1990).

A formal, complete training history of family caregivers in Iowa has not been conducted, so a general knowledge gap exists about local caregiver training experiences. Iowa's statewide child care advisory committee appointed a training subcommittee to investigate the needs of local caregivers. The subcommittee surveyed caregivers about their preferences for training. Different but similar surveys were sent to center and family day care providers. The report did not describe the sample or the methodology used for this informal study. The survey focused on the

content of the training and the preferred time for the meetings. The providers were not asked about a preferred format for training or other training needs. The surveys were used to make recommendations to the statewide committee. The recommendations made by the committee were broad and included an outline of a plan of how to meet the stated goals (Oesterreich, 1992).

The Iowa surveys were an initial step in the planning process, but did not address the training histories or the format of training preferred by caregivers. There was no information about provider characteristics, attitudes toward training, or to what sources the caregivers credit their child care knowledge, all of which were indicated by Copple (1991) to be the type of information needed. Another issue is that the providers who responded to the survey were those most likely to be interested in training. A needs assessment using a similar survey was proposed for the next year.

Knowledge About Effective Training

Copple's (1991) third type of knowledge is knowledge of what makes training effective. This includes identifying the issues of availability, affordability, and accessibility for the caregiver. By first isolating the characteristics of effective training, then removing the barriers that exist to acquisition of the training, caregivers acquiring more training appears to be a logical result. However, little information about the demographics of caregiver training

exists, so it cannot be assumed that caregivers will actually complete the training if all barriers are removed.

Specific studies on training programs were reviewed by Kontos (1992). Some of these studies were unpublished and the reports unavailable for a critical review. However, Kontos provided multiple perspectives on each of the issues included in her book and concluded that much more research is needed about family day care in general. She agreed with Copple (1991) that more specific research on training, especially on family day care, would be useful.

Difficulties in gathering data from family-based caregivers, especially unregistered providers, have contributed to a gap in the knowledge of how to best meet the training needs of the caregivers. Caregivers often have a lack of confidence, especially in educational settings. Many are unregistered and resist any information being provided that might lead to investigation by local governing agencies. Because of this reluctance to divulge information about their business, it has been difficult to gather data on home day care providers. Even the small, informal Iowa study did not specify if caregivers were registered (Oesterreich, 1992).

Davies (1986) investigated the specific needs of in-service learners. The results showed that adult learners have common pressures and anxieties as well as coping strategies to overcome the pressures. Because of the nature of family day care, some of the work-related pressures he

identified do not affect home day care providers, but there may be other stressors that are specific to family day care. Davies' work offered one scaffold for exploring the personal barriers to caregiver training on a local level that Copple (1991) asserted must be removed to have an effective training system.

Both the Iowa survey, completed in 1992, and the proposed needs assessment focus on content and accessibility of training. Neither investigate the knowledge sources of the caregivers or whether they credit education, experience, or training as the origin of their specialized knowledge. The current study both supplements and complements the work done in Iowa.

Summary

As early childhood workers at all levels strive to improve quality, their own professional development has become a critical issue in achieving quality. Professional development involves moving all caregivers toward a common, specialized knowledge base. Performance standards must be developed and implemented appropriately. Of the three possible methods of gaining specialized knowledge, training appears to be the most likely to reach the most caregivers. The advantages of education are well established, but further education is not a feasible choice for most child care workers. Experience may make a contribution, but little is known about how it advances caregiver knowledge or how it

may influence training. The additional benefits of training justify continued research on how to improve the training system.

Improving the delivery of training is critical for home caregivers who are less accessible through channels of regulation and employment than center caregivers. Providing training that is accessible and affordable requires more evidence about how to use training that builds upon the existing education and experience of a community of caregivers.

CHAPTER III

METHODOLOGY

Sample

The population for this study was caregivers in registered family homes, nonregistered family homes, and registered family group homes who are listed in the Iowa Resource and Referral System database. This system divides the 99 counties of the state into five service delivery areas (SDAs), each of which has a lead agency. The SDAs are further subdivided into 22 districts with the lead agencies and subcontracted agencies, which serve as the resource and referral for their districts (Iowa Child Care Resource and Referral System, 1993). Each district has a database of caregivers in their district, which was used to generate a stratified random sample for the survey.

CareFinder 6.2 (Work/Family Directions, 1991), the database used by the resource and referral agencies, offers the referral counselors many options for matching parent needs with providers. Caregivers are automatically entered into the database if they are registered day care providers or registered family group homes. A nonregistered caregiver can have his or her name entered as a nonregistered caregiver by attending a 2-hour information session conducted by

a local resource and referral counselor. To be a family group home, caregivers must be registered, so there are no nonregistered family group homes.

CareFinder assigns identification numbers to providers and these were used to generate a random list of names and addresses for the survey. The subjects within each SDA were chosen randomly within the district with no distinction between registration status. The percentage of the total family caregiver population in each SDA was used to determine the sample size for the area. Each area and district had the same percentage of population with a minimum of 40 caregivers in the smallest district.

Each SDA represented the same percentage in the stratified sample as in the total state caregiver population. The total sample was 524 subjects; 172 surveys were returned for a 33.00% return rate. Two surveys were returned as nondeliverable and 7 surveys were returned blank as requested in the cover letter. The total number of useable surveys was 163, resulting in a return rate of 31.11% of the sample and 3.00% of the total caregiver population in the database. Table 1 shows the number of surveys sent and returned in each SDA.

The sample was chosen because there were many possible variables that could not be controlled, and the statistical power of the analysis was increased through use of more subjects. The larger sample was more likely to have the same characteristics as the possibly heterogeneous

Table 1

Sample Size and Return Rate by Service Delivery Area

Service delivery area	Surveys sent	Surveys returned
1	73	21
2	99	33
3	67	26
4	190	60
5	95	23

population. Another reason for use of the sample was the unknown reliability of the instrument, because subjects may interpret the questions in different ways. A pilot of the study was conducted in one district to improve the reliability of the instrument.

The sample may include more registered caregivers than nonregistered because resource and referral counselors encourage caregivers to register. The caregivers who are listed in the database must attend an orientation. During orientation and other interactions with counselors, caregivers receive positive support for registering. The respondents may represent a higher proportion of registered caregivers than is present in the caregiver population. As caregivers are exposed to provider meetings, trainings, and other influences, they are more likely to notice the benefits of training and other professional behavior. This

group may be more likely to respond to the survey and with different perspectives on where they acquire knowledge than caregivers who did not respond.

Instrument

A survey instrument (see Appendix) was developed after collaboration with resource and referral personnel and the chair of the statewide child care committee. The survey asked some basic demographic information about the subjects, including registration status, educational level, years of experience, county, size of community, and ages of children in their care. This information was used to describe characteristics of caregivers for further analysis.

The instrument asked respondents to select from a list of the knowledge sources that contributed to their specialized knowledge. Formal and informal training, professional resources, experience, and environmental influences were derived from the literature on training. Other sources were gleaned from the social support literature concerning parental sources of support (Dunst, Trivette, & Deal, 1988). The list allowed caregivers to first indicate all sources they felt contributed to their knowledge of children or child care. Caregivers were then asked to specify the most useful sources so that patterns in the knowledge sources that caregivers value the most could be examined.

Other questions asked subjects to indicate the types of training experiences in which they had participated.

Caregivers were asked also to identify some of the characteristics of training that they considered useful or anxiety producing (Copple, 1991; Davies, 1986). One group of questions explored the sources that caregivers credit for specialized elements of child care knowledge. The list of elements was compiled from the "Early Childhood Teacher Education Position Statement" (Association of Teacher Educators & National Association for the Education of Young Children, 1991), the Child Development Associate competencies, and the description of the accreditation process for the National Association for Family Day Care (Kontos, 1992). Other items, such as infant and toddler care, were added due to their influence on the early childhood literature in recent years (NAEYC, 1994).

Use of a survey was feasible because of the existing database of caregivers. The survey could be conducted by mail so caregivers in all areas of the state and different sized communities were included to discover possible regional differences. Iowa's population ranges from 4,866 in Adams county to 327,140 in Polk county (Hoffman, 1992). Because there may be limited training opportunities in sparsely populated counties, very real differences may exist in training needs of caregivers in the rural setting from those in urban settings.

A survey instrument facilitated collection of data that have not been available in the past. The previous surveys and the proposed needs assessment in Iowa have focused upon

content of future training sessions rather than establishing how prior experiences have contributed to caregiver knowledge or the features of those experiences. The proposed needs assessment was developed by the Iowa statewide child care committee, but the committee only recommended that the resource and referral service counselors administer it. This project complements and expands the information to be gathered by Iowa's resource and referral system's proposed needs assessment and included caregivers from all districts of the state.

Procedure

The procedure was designed to harmonize with the procedures of the resource and referral system and to protect the anonymity of the caregivers. The resource and referral system prefers that counselors disperse information provided to the caregivers rather than providing lists to researchers and others. A letter describing the project was sent to the five lead agencies of the SDAs. The letter explained the study and requested that the resource and referral counselors administer the surveys for each district. A copy of the survey and the letter to the caregivers was included. All of the SDAs and districts participated in the study.

The caregiver envelopes were prepared by me and sent to the resource and referral counselors. The envelopes contained the cover letter explaining the study and requesting participation, the survey, and a small gift in the form of

some art ideas for children. The counselors selected the random sample using the database, printed two sets of address labels, attached one set of labels to the surveys and mailed them. The surveys were designed with a mail-back panel in order to be returned directly to me. The names remained anonymous to me and no file or records were kept of the names of caregivers who were mailed the survey.

Two weeks after the surveys were mailed, instructions and post cards were sent to each resource and referral counselor. The second set of labels was attached to the post cards and they were mailed. The post cards served two purposes: first, to remind caregivers to return the survey and, second, to thank them again for participating. At this time the involvement of the resource and referral system was complete. The counselors received a letter thanking them for assisting with the project and a summary of the results.

CHAPTER IV

RESULTS

Characteristics of the Caregivers

Caregiver responses to the survey were grouped into profile subgroups based upon registration status, level of education, number of years of experience as a caregiver, the size of community in which they lived, and the ages of children for whom they care. The same subgroups were used to analyze the remaining research questions.

The characteristics of the caregivers are summarized in Table 2. Registration status responses show that the majority of the caregivers who responded are registered, either as a family provider or a family group home. Caregivers with some college constitute the largest group, followed closely by caregivers with a high school diploma or equivalent. Many caregivers have 10 or more years of experience in providing care in their homes. More caregivers live in communities with a population of 10,000 or fewer than in highly populated areas. Most caregivers care for children in a range of ages, but only 17.19% care for children in all of the age categories. Several caregivers indicated that the ages of the children they care for vary. None of the data indicate that caregivers specialize in a particular age level.

Table 2

Characteristics of the Caregivers: Registration Status, Educational Level, Years of Experience, Size of Community, and Ages of Children in the Care of Caregivers (N = 163)

Characteristic	Frequency	%
Registration status		
Nonregistered	11	6.83
Registered	91	56.52
Group homes	59	36.65
Total	161	100.00
Educational level		
Some high school	4	2.46
High school diploma	55	33.74
Some college	57	34.97
Associate degree	17	10.43
Bachelor's degree	20	12.27
Graduate work or degree	10	6.13
Total	163	100.00
Years of experience		
1-4 years	37	22.70
5-9 years	58	35.58
10 or more years	68	41.72
Total	163	100.00
Size of community		
Rural to 10,000	64	42.38
10,000-100,000	54	35.76
100,000 or more	33	21.86
Total	151	100.00
Ages of children in their care[a]		
Infant/toddler (0-24 months)	133	81.59
Preschool (2-4 years)	154	94.48
School age (5 years +)	126	77.30
All ages	28	17.19
Total	441	--

[a]Caregivers could answer "yes" to all categories.

Caregiver Sources of Knowledge

The survey presented a list of possible sources of child care knowledge that were divided into five categories: formal, informal, professional, environmental, and experience. Caregivers were asked to mark all of the sources that contributed to their knowledge of children and child care. Caregivers could choose as many sources as they wanted, and each category offered "other" as an option with space for the caregiver to explain. The responses were ranked and the 10 most frequently chosen sources are listed in Table 3 for all caregivers.

Table 3

Ten Knowledge Sources Chosen Most Frequently by Caregivers (N = 163)

Source	Frequency	% of total
Parenting	159	97.55
Child care food program workshops	133	81.60
Local workshops	131	80.37
Parents and family	124	76.07
Provider meetings	117	71.78
Magazines	111	68.10
Extension service	104	63.80
Neighbors and friends	101	61.96
Observing other parents	99	60.74
Professional journals and books	91	55.83

Note. Caregivers could choose as many as needed.

Caregivers were asked to choose the most useful sources of knowledge from each category of sources that they had

marked. The items listed on the survey are listed in Table 4 with the number of responses received for each question. Although chi-square analysis revealed no significant differences among any groups, responses to several questions revealed preferences of particular subgroups that may be useful to trainers. This information is discussed in Chapter V.

Some caregivers selected from each category as the survey requested. Caregivers who selected a most useful source from each category selected college classes, local workshops, the Child Care Food Program, parents or family, and parenting most frequently. Of the 45 caregivers who chose one item as most useful from the combined categories, 28 (62.0%) selected parenting your own children, 4 (8.8%) chose their parents or family, and 3 (6.6%) chose a previous job experience. Different items were chosen by the 10 remaining caregivers (2.0% each).

Sources of Essential Early Childhood Knowledge

Caregivers were asked to select, from the five categories of sources, the one that most contributed to each of 10 elements of early childhood knowledge. Experience continued to be the most frequently chosen source of knowledge. Table 5 shows their choices of the most useful category for each of the specific areas of knowledge.

Table 4

Most Useful Sources of Caregiver Knowledge

Source	Frequency	%
Formal sources		
High school classes	14	19.72
Vocational-technical classes	3	4.23
College classes	26	36.61
Graduate classes	2	2.82
CDA	5	7.04
Other training programs[a]	12	16.90
Other	9	12.68
Total	71	100.00
Informal sources		
Local workshops	37	44.05
Conferences	13	15.48
Provider meetings	26	30.95
Provider mentor	1	1.19
Home visits from EC professional	2	2.38
Videotape training	1	1.19
Other informal sources	4	4.76
Total	84	100.00
Professional sources		
Child care food program workshops	43	48.86
Professional books, journals	14	15.91
Teachers and schools	6	6.82
Public library materials	4	4.55
Extension service	11	12.50
Department of Human Resources	5	5.68
Toy lending library	1	1.14
Teacher resource center	1	1.14
Other professional sources	3	3.41
Total	88	100.00

(table continues)

Table 4 (continued)

Source	Frequency	%
Environmental sources		
Television or radio	7	7.69
Magazines	8	8.79
Your parents or family	56	61.54
Church	5	5.49
Neighbors or friends	8	8.79
Physician or nurse	3	3.30
Social clubs	1	1.10
Parent groups	2	2.20
Other	1	1.10
Total	91	100.00
Experience sources		
Parenting your own children	98	89.09
Volunteer work	0	--
Observing other parents	0	--
Previous jobs	10	9.09
Other	2	1.82
Total	110	100.00

*Examples included Head Start and Second Helping.

Table 5

Categories That Contribute to the Essential Elements of Early Childhood Knowledge

Element of early childhood knowledge	Most useful category	n	Frequency	%
Child development theory	Formal	152	52	38.82
Health, safety, and nutrition	Professional	158	64	40.51
Diversity	Experience	141	57	40.43
Family relationships	Experience	155	82	52.90
Developmentally appropriate practice	Formal	153	42	27.45
Professional development	Informal	153	49	32.03
Observation and assessment	Experience	152	66	43.42
Guiding and managing behavior	Experience	153	60	39.22
Infant and toddler care	Experience	156	95	60.90
School-age care	Experience	156	82	52.56

Characteristics of Knowledge Sources

A list of 13 training types described in the literature or that are available in Iowa was compiled for the survey. The caregivers were asked to mark all of the types of training they experienced, and the most frequent responses were ranked. Material to read was the training most often chosen that caregivers experienced. Caregiver friends or mentors,

workshops, provider meetings, lectures and demonstrations, or classes and small group sessions were all chosen by over 50% of the caregivers. Table 6 shows the number of caregivers who experienced each of the types of training listed on the survey.

Table 6

Types of Training Experienced by Caregivers (N = 159)

Type of training	Frequency	% of total
Materials to read or watch at home	131	82.39
Experienced caregiver friend or mentor	113	71.07
One all-day workshop	110	69.18
Provider meetings	93	58.49
Lecture or demonstrations of new ideas	93	58.49
1- to 3-hour class for several weeks	92	57.86
Small group sessions to discuss new material	85	53.46
Home visits from a mentor or teacher	62	38.99
Guided practice with children present	56	35.22
Observation and feedback from instructor	48	30.19
Observation and feedback from a peer	48	30.19
Self-study materials and questions to be reviewed by instructor	27	16.98
Follow-up sessions after practice	26	16.35

Note. Caregivers could choose as many as needed.

Caregivers were asked to identify the most useful types of training that they experienced. The responses indicate that they viewed classes as the most useful, followed by a caregiver friend or mentor, workshops, provider meetings, and materials to read or watch at home (see Table 7).

To identify important issues about training, the survey asked caregivers to select the most important factors in

Table 7

Most Useful Training Sources (N = 149)

Training source	Frequency	%
1- to 3-hour class for several weeks	29	19.50
Experienced caregiver friend or mentor	26	17.44
One all-day workshop	24	16.11
Provider meetings	22	14.76
Materials to read or watch at home	15	10.10
Guided practice with children present	13	8.71
Lecture or demonstrations of new ideas	7	4.70
Observation and feedback from instructor	5	3.35
Small group sessions to discuss new material	3	2.01
Follow-up sessions after practice	2	1.33
Home visits from a mentor or teacher	2	1.33
Self-study materials and questions to be reviewed by instructor	1	0.66
Observation and feedback from peer	0	--
Total	149	100.00

their decision to attend training. The frequencies of response are provided in Table 8. Caregivers most frequently chose the topic of training as the most important item they consider when making decisions about attending training.

Caregivers were asked to identify the aspects of attending training that would cause them the most and least anxiety. The distance caregivers must go to obtain training was the most frequently selected anxiety causing factor as shown in Table 9. Time for family was also important. Chi-square analysis for all subgroups for these questions revealed no significant differences. Patterns of preferences are discussed in Chapter V.

Table 8

Frequency of Factors Selected as Most Important in Caregiver Decision to Attend Training (N = 162)

Factors to consider	Frequency	%
Topic of training	46	28.39
Location	27	16.67
Time of day	17	10.49
Desire to improve skills	15	9.26
Care for your own children	14	8.64
Finding a substitute	10	6.17
Cost	10	6.17
Day of week	8	4.94
Licensing requirements	8	4.94
Credit toward degree/credential	4	2.47
Length of sessions	1	0.62
Number of sessions	1	0.62
Other	1	0.62
Total	162	100.00

Table 9

Frequency of Factors About Training Selected as Causing the Most Anxiety for Caregivers (N = 156)

Anxiety-causing factor	Frequency	%
Distance you must go to training	36	23.08
Less time for family or friction among family	32	20.51
Not having the training available that meets your needs	28	17.95
Pressure from parents or state to acquire training	21	13.46
Who would care for your own children	18	11.54
A substitute caregiver	11	7.05
Loss of hours with clients	8	5.13
Switching from "teacher" to "student"	1	0.64
Developing your skills will isolate you from provider friends	1	0.64
Less time with friends	0	--
Total	156	100.00

Summary of Findings

Analysis of the data revealed no significant differences for any of the caregiver subgroups (based on registration status, level of education, number of years of experience as a caregiver, the size of the community in which they live, and the ages of children for whom they care). Cross-tabulations, however, revealed a description of a typical Iowa caregiver and some preferences for knowledge sources, training types, and elements of training that are important to caregivers.

CHAPTER V

DISCUSSION, RECOMMENDATIONS, AND CONCLUSIONS

Discussion

The purpose of the study was to identify the sources of knowledge about children and child care among family day care providers. Caregivers were surveyed for their opinions on the value of knowledge sources and characteristics of the training the providers prefer. This chapter discusses how these knowledge sources and characteristics of training can be merged into a training model that targets particular subgroups of caregivers. Some recommendations for training and suggestions for future research are also presented.

The National Association for the Education of Young Children has proposed a framework of professional development that facilitates continued training (NAEYC, 1994). The model encourages entry-level caregivers to begin training that focuses on upward movement toward a CDA credential or an associate degree. Continued training could result in a baccalaureate degree or beyond for some caregivers. The model targets all caregivers, but center caregivers are more likely to have support than isolated home providers. The results of this study indicate that home caregivers should

be a focus of the NAEYC framework for professional development.

Characteristics of the Caregivers

Survey responses provided a description of the characteristics of Iowa home day care providers who responded to the survey. Subgroups were also identified for use in describing results of the other research questions.

A caregiver in the study was most likely to be registered and have 10 or more years of experience. The typical day care provider has a high school diploma or equivalent and may have some college credits, but has not completed a degree. The provider is more likely to live in a rural area or a community of fewer than 10,000 people. Rather than specialize in particular age groups of children, the provider keeps various ages of children from infants through school age. She is more likely to have infants or toddlers in her care than her peers in larger communities.

The results indicate the respondents are similar to those described by Kontos (1992) and Whitebook et al. (1989), who found a high school diploma or less was the most common level of formal training among caregivers. Those who participated in this study who have some high school or a diploma comprise 36.2% of the caregivers who responded.

However, the providers in this study were better educated than the providers described in the literature. Previous studies found that between 25% and 30% of

caregivers had some postsecondary education (Kontos, 1992; Whitebook et al., 1989); the group who had some college education but no degree included 34.97% of those who participated in the current project. In the current study, 28.80% of the caregivers had a degree. When the two groups are combined, those who participated who had some college or a degree included 63.80% of the subjects, higher than the 25% to 30% reported in other studies. This could reflect the nature of the group that responded, or Iowa's caregiver level of education may be higher than the level indicated in nationwide studies.

Caregiver Sources of Knowledge

Identifying the knowledge sources of caregivers was the focus of the second research question, and the answer is clearly their experience as parents. Examining the data for patterns reveals that all groups of caregivers valued this experience as a source of knowledge, regardless of registration status, educational level, or any other criteria, and more than any other individual source. Parenting was chosen by 159 of the 163 respondents (1 indicated she has no children of her own). The implications of the effects of parenting upon caregiver knowledge and training are discussed in the next section.

Formal sources. Formal sources that were considered useful by the respondents included college classes for those who had attended college, and high school classes for those

who had no college experience. The participants in this study had more postsecondary experience than the subjects in the studies reviewed by Kontos (1992). Caregivers appear to value the highest level of formal education they experienced as the most useful formal source of knowledge.

Informal sources. Workshops were listed as the most useful informal source of knowledge for all groups in the study, except by those in the high school group, those with 5 to 9 years of experience, caregivers in SDA 2, and those who live in communities under 10,000. All of these groups preferred provider meetings as an informal place to learn about child care, with workshops as their second choice. Kontos (1992) found workshops and home visits from a child care professional to be the most frequent type of family day care training. The findings were echoed by DeBord (1993), whose respondents preferred workshops and video.

Professional sources. The Child Care Food Program was a clear preference for most caregivers in this study. The program uses local resource people for regular training, which is required for the caregiver to participate and get reimbursed for qualifying food expenses. Similarly, Kontos (1992) found in her review of the literature that the Child Care Food Program was closely tied to caregiver training. All but two groups preferred this choice more than the other professional sources of knowledge. Caregivers with a bachelor's degree preferred to learn from professional books and journals or teachers and schools. Caregivers with 1 to 4

years of experience chose equally between the Child Care Food Program, books and journals, teachers, and the Department of Human Resources. This may be because new caregivers had not yet joined the Child Care Food Program, and are those who most recently interacted with the Department of Human Resources about setting up their provider business.

Environmental and experience sources. The most useful source for environmental sources was the caregiver's parents or family. Parenting their own children, as discussed above, was most often chosen as the useful experience source.

Sources of Essential Early Childhood Knowledge

The third research question sought to determine which sources contribute to the specific elements of early childhood knowledge that are necessary to be effective with young children. Knowledge of child development theory and developmentally appropriate practice were most often attributed to formal educational sources, which for the majority of respondents was college courses. Professional sources were credited by caregivers as the source of their knowledge about health, safety, and nutrition. This is congruent with their preferred professional source, the Child Care Food Program. Informal sources, of which workshops were chosen as most useful, were the source from which caregivers acquire knowledge of professional development. Of the other six elements of specialized knowledge (refer to Table 5),

experience was the most useful category of knowledge sources. Parenting was previously discussed as the most useful knowledge source.

Characteristics of the Knowledge Sources

The final question was designed to provide some insight about what characteristics of training can be enhanced to make it more attractive to caregivers and to overcome personal barriers to training (Copple, 1991; Davies, 1986). Three aspects of training were explored by the survey. Caregivers were asked to identify all the types of training they experienced. Many caregivers had reading materials or watched training materials at home. Over 70% had an experienced caregiver friend or mentor who fills a "training" need for the caregiver, either formally or informally (Bova & Phillips, 1984). Workshops and provider meetings also were experienced by many caregivers.

Caregivers indicated which of the types of training they had experienced were the most useful. Although none of the subgroups were statistically different, there were preferences of some groups that may be useful to trainers. Similarly, the responses to questions about important factors in deciding to attend training and factors that cause anxiety demonstrated some differences for some groups. This information is summarized in Table 10 so that trainers can target a particular group and easily discover the factors that may facilitate training of these subgroups.

Table 10

Preferences for Training of Subgroups of Home Child Care Providers

Demographic subgroup	Most useful training	n	Frequency	%	Most important factor	n	Frequency	%	Anxiety-causing factor	n	Frequency	%
Educational level												
High school	Provider meetings	52	13	25.00	Topic	59	16	27.59	State pressure	57	13	22.81
	Workshops	52	11	21.15	Location	59	10	17.24	Distance	57	13	22.81
									Time with family		9	15.79
Some college	Classes	68	15	22.06	Topic	74	19	25.69	Time with family	72	18	25.00
	Workshops	68	11	16.18	Location	74	16	21.62	Distance	72	17	23.61
	Mentor	68	11	16.18								
Bachelor's degree	Classes	19	5	26.32	Topic	20	7	35.00	Availability	19	5	26.32
	Mentor	19	5	26.32	Self-improvement	20	3	15.00	Distance	19	4	21.05
	Guided practice	19	4	21.05					Time	19	4	21.05
Graduate degree	Lecture	10	3	30.00	Topic	10	4	40.00	Availability	8	2	25.00
	Workshops	10	2	20.00	Credential	10	2	20.00	Distance	8	2	25.00
									Child care	8	2	25.00
Years of experience												
1-4 years	Guided practice	35	6	17.14	Topic	37	14	37.94	Time with family	36	11	30.56
	Mentor	35	6	17.14	Time	37	7	18.92	Availability	36	7	19.44
	Provider meetings	35	5	14.29					Child care	36	7	19.44
	Reading material	35	5	14.29								
5-9 years	Mentor	53	11	26.23	Topic	58	13	22.41	Distance	57	12	21.05
	Workshops	53	10	18.87	Location	58	8	13.79	Availability	57	11	19.30
					Child care	58	8	13.79				
10 or more years	Classes	61	16	26.23	Topic	67	19	28.36	Distance	63	18	28.57
	Workshops	61	11	18.03	Location	67	16	23.88	Time with family	63	12	19.05

(table continues)

Table 10 (continued)

Demographic subgroup	Most useful training	n	Frequency	%	Most important factor	n	Frequency	%	Anxiety-causing factor	n	Frequency	%
Registration status												
Nonregistered	Mentor	9	3	33.33	Topic	11	3	27.27	State pressure	11	3	27.27
	Guided practice	9	2	22.22	Self-improvement	11	2	18.18	Child care	11	3	27.27
									Time with family	11	2	18.18
									Distance	11	2	18.18
Registered	Classes	84	19	22.62	Topic	91	29	31.87	Distance	86	22	25.58
	Mentor	84	16	19.05	Location	91	14	15.39	Time with family	86	17	19.77
Group homes	Workshops	55	13	23.64	Topic	58	13	22.41	Time with family	58	13	22.41
	Classes	55	10	18.18	Location	58	12	20.69	Distance	58	12	20.69
Size of community												
Rural-10,000	Workshops	68	14	20.59	Topic	76	21	27.63	Distance	74	18	24.32
	Provider meetings	68	13	19.12	Location	76	15	19.74	Time with family	74	13	17.57
10,000-100,000	Classes	50	11	22.00	Topic	53	16	30.19	Time with family	50	14	28.00
	Reading material	50	8	16.00	Location	53	8	15.09	Availability	50	10	20.00
									Distance	50	10	20.00
100,000 or more	Mentor	31	10	32.26	Topic	33	9	27.27	Distance	32	8	25.00
	Classes	31	7	22.58	Self-improvement	33	5	15.15	State pressure	32	6	18.75
									Availability	32	6	18.75
All caregivers	Classes	148	29	19.46	Topic	162	46	28.40	Distance	156	36	23.08
	Mentor	148	26	17.45	Location	162	27	16.67	Time	156	32	20.51
	Workshops	148	24	16.11	Time	162	17	10.49	Availability	156	28	17.95

Topic of training was consistently an important factor that caregivers consider in the decision to attend training. This issue also appeared in the anxiety-causing category as availability of training needed. Caregivers wanted to improve their skills, not just continue to hear the same information again. Efficient use of their time for training means implementing a training system that offers more advanced topics, even if offered in informal training. This finding emphasizes the importance of needs assessments or interest surveys such as the one prepared by the Iowa statewide child care committee.

Recommendations

Several recommendations were derived from patterns in the data. These have implications for policy makers, funding agencies, trainers, and other agencies that affect the knowledge sources caregivers experience.

Parent Education

Because the most outstanding result of the study, as in earlier studies (DeBord, 1993; Divine-Hawkins, 1981; Kontos, 1992), was the value placed on their parenting experience, caregivers should be targeted as parents, not caregivers. This training should begin in high school and continue to be available throughout the years a person is likely to have children at home. By targeting young adults, not only do they benefit from the education, but their children and the potential child care clients also benefit from the

education or training (Morgan, 1991; Peters & Sutton, 1984; Saltz & Boeson, 1985; Shirah et al., 1993). The parent education programs should include information about quality child care in order for parents to know how to choose a setting for their child and so that those who decide to become caregivers will be more likely to provide a quality setting.

Parenting classes could be offered through schools, churches, human service agencies, and many other organizations. By improving the parenting skills of the general population, those who choose to become caregivers are more likely to be effective parents.

Collaboration Among Agencies

Agencies involved in training of parents and caregivers should collaborate to make efficient use of funds and resources (Galinksky, Shubilla, Willer, Levine, & Daniel, 1994). Resource and referral agencies were among the first collaborative efforts to be implemented (Kagen & Rivera, 1991). An area to expand would involve focusing on parent education programs for future collaboration. This alliance would meet the seven goals described by Kagen and Rivera for collaborative efforts, and the outcomes would benefit children, caregivers, and parents.

An existing model of caregiver training that would include both collaboration and parent education is the Child Development Associate program (Peters & Sutton, 1984). The

CDA program can be used as a model for developing a coordinated training system. Building upon this program would allow a training system to benefit from the years of experience and the parent education component of the CDA program.

Another agency that should be utilized and more connected to other agencies is the Child Care Food Program. The program provides regular training sessions, which are required for caregivers to maintain their status in the food program, so training opportunities are a benefit participants enjoy. Caregivers are highly motivated to attend because of the financial benefits of the program. They are also stimulated to register with the resource and referral if it is a requirement of the food program. The potential of this program should be further explored.

Collaboration also needs to include the methods used to inform the public, especially caregivers, about local training opportunities. Many workshops and other programs can usually accommodate more attendees. Caregivers could be included in invitations to participate.

Targeted Training

Future caregiver training efforts, whether sponsored by a single agency or through a joint effort, should target the specific group that will attend. Iowa's resource and referral system planners may want to focus on areas of the state where fewer opportunities are available. The resource and referral services in many of the rural areas are newer,

staffed on a part-time basis, and may be less developed in their collaborations with other agencies. Lead agencies must be assertive about identifying local needs (Costley, 1991) and combining resources with other agencies to meet specific caregiver needs in rural areas. Information such as that presented in Table 10 will assist trainers and organizers in selecting the most appropriate type of training that is likely to be attractive to the caregivers. Trainers can also avoid barriers and anxiety-causing factors when planning training (Copple, 1991; Davies, 1986).

Features like child care, flexible hours, and offering of topics that caregivers need can influence the caregiver to attend training. For instance, the distance to training can be more efficiently managed when collaboration is emphasized. Caregivers in small communities either have to travel long distances, often at inconvenient times, or have to attend training that does not meet their needs. Non-traditional approaches like the Montgomery Public Schools Division of Adult Education (Lewis, 1993), which brings caregivers and the children they care for to training sessions once a week, may be one alternative worth expanding.

Through collaboration, more training sessions with a greater variety of topics that focus on local needs (Copple, 1991; Kagen & Rivera, 1991) can be offered in small communities, especially for groups who have traditionally had little opportunity for training (Morgan et al., 1994). Although television was fourth in the rankings of frequent

choices for environmental sources of knowledge, several caregivers wrote comments on the survey indicating that public television was useful. Perhaps the benefits of public television have not been fully explored for training. The use of the fiber optic network currently being developed in Iowa, cable, and educational television are all possibilities for providing a variety of training in any community of the state.

Needs Assessments

Topic of training has often been the major focus of needs assessments such as those done in Iowa in the past. In the future, needs assessments should be continued, and treated as research, with careful attention to the methodology, so that groups of caregivers can be targeted for topics they need. The results of assessment need to guide the planning of future training sessions as observation guides a teacher before instructional planning occurs (Burden & Byrd, 1994). Training should follow documented needs, not available resources, and should relate to the caregiver's current role in child care (NAEYC, 1994).

Training Database

A local or state database of training sessions and trainers, including the use of mentors, video, and television, should be considered. Through agency collaborations, all training opportunities could be entered and available to the caregivers just as a database is used for referrals to

parents. The information needs to be easily accessed by caregivers (Galinksky et al., 1994) with locations at the places where caregivers are likely to visit (e.g., libraries and toy lending libraries), as well as in newsletters, provider meetings, and by telephone. Caregivers need access to complete information in order to remain aware of local training on topics of interest to them.

Trainers also need access to the database to provide a clear, systematic structure for caregivers' choices in their professional development. Feedback both to and from caregivers is essential for identifying quality experiences in training (NAEYC, 1994). Regulation of training programs and quality standards should be developed and implemented as part of a coordinated training system (Morgan et al., 1994).

Accessible Materials

An overall theme in the patterns of caregiver preferences for training was the need for availability, accessibility, and affordability, just as in the issue of providing quality care for children. The previous recommendations addressed the availability and accessibility of training sessions. Through implementation of those recommendations, cost can be kept affordable for the caregivers. Another aspect of training that has potential is printed material, and the same three needs can be addressed with careful planning for resources that caregivers can access easily and with little cost to them.

Most caregivers had read books or other training materials, and previous studies have indicated this is one way caregivers learn more about the needs of children (DeBord, 1993). In this study, the Iowa Extension Service was the third most frequent choice for professional sources of knowledge. In the past, the Iowa Extension Service distributed a newsletter to caregivers, but some counties have eliminated newsletters due to budget limitations. It may be worthwhile to more fully investigate the effects of newsletters on caregiver knowledge, performance, and information about training.

Future Research

More detailed studies into the relationship between knowledge sources and the quality of care will be necessary before the value of particular knowledge sources can be described. Research of the professional development of all caregivers should occur and family caregivers need to be a focus of future studies. Cultural and other influences may determine the value of some knowledge sources for particular groups of caregivers and these should be investigated.

Researchers should focus on the methodology and content of studies done with home providers. Observational studies to assess the quality of care should have well-designed research plans and be linked to existing descriptions of quality, such as accreditation criteria (NAEYC, 1991) and developmentally appropriate practice (Bredekamp, 1987). A

special emphasis should be placed on the effects of targeted training on caregiver interactions with children and parents.

Other possible studies would include exploring the parenting styles of caregivers and studies to determine more about the influence and quality of parenting experience on caregiver behavior. The possibility of a reward system such as that offered by the Child Care Food Program should be part of the full cost of quality campaign (Willer, 1990) and the efforts to increase compensation for child care workers (NAEYC, 1994; Whitebook et al., 1990). Through collaboration, more efficient use of funds could offer an avenue for motivating caregivers to acquire training. Collaboration results should be monitored and documented, then analyzed for efficiency (Kagen & Rivera, 1991). Future funding should require collaborations among agencies.

Effective recruitment programs for new caregivers should target vocational type programs (Shirah et al., 1993). Effects of caregiver recruitment programs and information-sharing programs should also be documented and analyzed for efficiency.

Toy lending libraries have only recently been established in some areas of the state. Some districts have focused a portion of various funds for professional resources to be placed in the toy lending libraries for accessibility. Future studies may be needed to explore the potential of toy lending libraries and the types of professional

resource materials that can be provided to caregivers who participate in the libraries. Resource and referral agencies may also consider lending libraries as part of their programs.

Conclusions

Home child care providers are responsible for millions of children daily. The need for a system to ensure quality in home day care has become more apparent in Iowa since several recent newspaper reports of caregiver abuse. One aspect of improving quality is to provide training for the caregivers. As busy professionals and parents, caregivers have limited time and resources for training or education. By fully utilizing the potential of the current training system, especially local opportunities, and developing some collaborations, training can become more easily attainable for all caregivers.

This study attempted to clarify the most useful sources of knowledge for home caregivers. Experience as a parent, workshops, and the Child Care Food Program are some of the most appealing ways for caregivers to learn, although some subgroups have particular preferences. Topic is important to the caregivers, and many of them have secondary factors that influence their decision to attend training. The preferences of the subgroups are charted for facilitating targeted plans for training.

Careful attention to the needs and natural, convenient sources of knowledge for caregivers can make training more attractive to the caregivers, perhaps motivating more involvement in training. Other benefits include interagency collaboration which means more efficient use of funds and resources, ultimately resulting in better quality care for the children.

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APPENDIX

IOWA HOME DAY CARE PROVIDERS SURVEY

1. Where did you learn about children and child care ? Check all the sources that have contributed to your knowledge or skill.

FORMAL TRAINING SOURCES IN CHILD CARE / DEVELOPMENT

√
- ☐ High School Classes
- ☐ Vo-tech Classes
- ☐ College Classes
- ☐ Graduate Classes
- ☐ CDA
- ☐ Other Training Program
- ☐ Other_____

INFORMAL TRAINING SOURCES

√
- ☐ Local Workshops
- ☐ Conferences
- ☐ Provider Meetings
- ☐ Provider Mentor
- ☐ Home Visits From Early Childhood Professional
- ☐ Videotape Training Programs
- ☐ Other_____

PROFESSIONAL SOURCES

√
- ☐ Child Care Food Program Workshops
- ☐ Professional Journals, Books
- ☐ Teachers / Schools
- ☐ Public Library Materials
- ☐ Extension Service
- ☐ Department of Human Resources
- ☐ Toy Lending Library
- ☐ Teacher Resource Center
- ☐ Other_____

ENVIRONMENTAL SOURCES

√
- ☐ Television or Radio
- ☐ Magazines
- ☐ Your Parents or Family
- ☐ Church
- ☐ Neighbors or Friends
- ☐ Physician or Nurse
- ☐ Social Clubs
- ☐ Parent Groups
- ☐ Other_____

EXPERIENCE SOURCES

√
- ☐ Parenting Your Own Children
- ☐ Volunteer Work
- ☐ Observing Other Parents
- ☐ Previous Job(s) [List : _____]
- ☐ Other _____

2. Use the items you checked in question 1 and go back to each category. Circle the source that taught you the most about working with children.

3. Why were these more valuable than others ? _____

_____

_____

_____

4. Use the items you checked in question 1 again. Underline the source in each category that taught you the least about working with children.

5. These are some important topics in caring for children. How did you learn about these topics ? (Question 1 shows examples of each type.) Circle one source in each row that shows where you learned the most about each topic.

Child Development Theory	Formal	Informal	Prof.	Exp.	Env.	None
Health, Safety, & Nutrition	Formal	Informal	Prof.	Exp.	Env.	None
Diversity	Formal	Informal	Prof.	Exp.	Env.	None
Family Relationships	Formal	Informal	Prof.	Exp.	Env.	None
Developmentally Appropriate Practice	Formal	Informal	Prof.	Exp.	Env.	None
Developing Your Professional Skills	Formal	Informal	Prof.	Exp.	Env.	None
Observation & Assessment	Formal	Informal	Prof.	Exp.	Env.	None
Guiding and Managing Behavior	Formal	Informal	Prof.	Exp.	Env.	None
Infant and Toddler Care	Formal	Informal	Prof.	Exp.	Env.	None
School-Age Care	Formal	Informal	Prof.	Exp.	Env.	None

6. Which types of training have you experienced ? Check as many as apply.

√
- ☐ 1-3 Hour Classes for Several Weeks
- ☐ One All Day Class or Workshop
- ☐ Monthly Provider Meetings With Workshops
- ☐ Home Visits From a Mentor or Teacher
- ☐ Materials to Read or Watch at Home
- ☐ Self-study Materials and Questions to be Reviewed by an Instructor
- ☐ Lecture or Demonstrations of New Ideas

√
- ☐ Guided Practice with Children Present
- ☐ Observation and Feedback by an Instructor
- ☐ Observation and Feedback from a Peer
- ☐ Follow-up Sessions After You Have Practiced New Skills
- ☐ An Experienced Caregiver Friend or Mentor to Talk With About Your Ideas and Questions
- ☐ Small Group Sessions to Discuss New Material

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7. Now go back to #6 and circle the one from which you learned the most.

8. Go back again to #6 and underline the one from which you learned the least.

9. Circle the item that would be the most important factor in your decision to attend training.

- ☐ Location
- ☐ Time of Day
- ☐ Cost
- ☐ Day of Week
- ☐ Length of Session
- ☐ Number of Sessions
- ☐ Care for Your Own Children
- ☐ Finding a Substitute
- ☐ Topic of Training
- ☐ Desire to Improve your Skills
- ☐ Credit Toward Degree / Credential
- ☐ Licensing Requirements
- ☐ Other _____

10. Now go back and underline the item which is the least important in your decision to attend training.

11. Please circle the item which would be most likely to cause you anxiety about attending training.

- ☐ Less Time For Family or Friction Among Family
- ☐ Loss of Hours You Are With Your Clients
- ☐ Less Time With Friends
- ☐ Switching from "Teacher" to "Student"
- ☐ Pressure from Parents or State to Acquire Training
- ☐ Developing Your Skills Will Isolate You From Provider Friends
- ☐ Not Having the Training Available that Meets Your Needs
- ☐ Distance You Must Go to Training
- ☐ Who Would Care For Your Own Children
- ☐ A Substitute Caregiver

12. Now go back and underline the item which would be the least likely to cause you anxiety.

13. Why do you think people who work with young children should have some specialized training ?

_____

_____

_____

The next group of questions will allow the researcher to analyze the different groups of caregivers who respond. The information will not be used to identify anyone.

14. In which county do you live ? _____

Please answer the following questions by circling your answer.

15. How many years have you been a provider ? 1 2 3 4 5 6 7 8 9 10+ 15+

16. What is your highest level of education ?

a. Some High School b. High School Diploma or GED c. Associate Degree
d. Some College e. Bachelor's Degree f. Graduate Work or Degree

17. What is your Caregiver Status ?

a. Registered family day care b. Non-registered family day care c. Registered family group home

18. What ages of children are in your care ?

a. Birth - 12 months b. 13-24 months c. 2 year olds d. 3 year olds
e. 4 year olds f. 5 year olds g. school age children

19. What is the size of your community ?

a. Rural b. less than 10,000 c. 10,000-50,000
d. 50,000-100,000 e. 100,000-250,000 f. more than 250,000

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